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\*\* CONTINUING DATA \*\*\*\*\*

KF

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

KF

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 39	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>Kal Fry</i> Examiner's Signature	<i>KF</i> Initials			

**ADDRESS**  
70353

**TITLE**

Articulating arm for medical procedures

<b>FILING FEE RECEIVED</b> 621	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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